Editorial

Introduction to the WHO year of the nurse and midwife: the impact of critical care nurse and meet the new editors

2020 is the 200th anniversary of the birth of Florence Nightingale and as such the World Health Organisation (WHO) has, for the first time, designated 2020 as the year of the nurse and midwife [1]. The intention of this is to both recognise the contribution of nurses and midwives to the health of the population and to produce a flagship report (in May 2020) into the state of the international nursing workforce. So, what is the state of critical care nursing and our contribution to healthcare outcomes and will this need to change in the next decade?

Increasing evidence shows patient outcomes in both paediatric and adult intensive care are optimised by a higher registered nurse (RN) experience and education level [2,3,4]. This can be no surprise to critical care nurses, but for managers and hospital administrators in an ever-increasing drive to cut the cost of healthcare, this is vitally important to highlight. Critical care nurses themselves must be aware of their value and articulate this to managers, non-nursing staff and to the general public. This is not to say that associate nursing roles do not have a place in critical care, but their responsibilities and roles must be monitored to ensure quality care remains the priority [5]. The critical care nurse (CCN) frequently undertakes many administrative, clerical and other tasks that do not require the skill and expertise of a CCN and detract from their important bedside role [6]. This also comes at a time when nursing roles in critical care in most western countries extend from the traditional bedside, management and education roles to research delivery, nursing science and advanced practice.

Concurrently, there are increasing RN shortages reported in almost all countries, and increasing evidence of a stressed workforce, many at or near burnout levels [7,8]. The definitions of 'safe and adequate' staffing in a critical care unit also vary significantly across the world, and especially across Europe [9,10]. However, two main effects associated with inadequate RN staffing are poorer patient outcomes – in terms of infection prevention, adverse effects of prolonged mechanical ventilation, adverse events such as medication errors and even mortality. This is coupled with the negative impact on prolonged inadequate staffing on the nursing workforce itself with stress, burnout, poor morale and subsequent poor recruitment and retention of nurses. These however, are not just as simple as RN numbers per patient [11]. When examining the optimal RN staffing in a critical care unit, the whole workforce needs to be examined, as well as the skill and capability of the RNs in that environment. The question remains: do we really know the optimal 'safe' RN staffing numbers and skill-mix required for matched patient acuity? And does this differ for neonates, children or adults? Or for unit size, type or geography? The RN4Cast study is the largest ever study of RN staffing across Europe aimed to refine RN forecasting models with factors that consider how features of work environments and qualifications of the nurse workforce impact on nurse retention, burnout among nurses and patient outcomes [12]. The researchers found that issues of safety, quality and nurse retention were common to all European countries, but they claim that significant improvements in work environments, such as improved nurse-doctor relations, nurse leadership and nurse-to-patient ratios, are effective in optimising and sustaining nurse staffing. They argue, however, that there is an urgent need to establish an RN forecasting method that accounts for the change in the dependency of the population.

In summary, CCNs are an integral component of the critical care team. Without skilled critical care RNs, clinical outcomes in intensive care units of all types will suffer. As CCNs, we all have a responsibility to educate the public, managers and non-nurses about the value of the CCN role. Yet,

in order to enhance their contribution to improved patient outcomes, (critical care) nurses need to be more empowered, within and beyond hospital settings. They need the psychological safety, to speak up on behalf of their patient despite official and unofficial hierarchical hospital setups [13, 14, 15]. Furthermore, CCNs need to strive to secure and maintain their "seat on the table" in the fora where decisions impacting patients and organisations are taken, a point that was passionately and eloquently articulated throughout last year's BACCN annual conference in Edinburgh.

This is the first edition of the journal with the two new editors: Dr Josef Trapani and Associate Professor Lyvonne Tume. Lyvonne Tume has a background in adult cardiac critical care, but for the last 24 years in paediatric critical care and is an experienced clinical nurse, educator and researcher. Josef Trapani worked in a general intensive care unit for several years and is a senior lecturer with a special educational and research interest in critical care. He has worked for *Nursing in Critical Care* as a peer reviewer, editorial intern and associate editor for the past six years. Our vision for *Nursing in Critical Care* is to preserve the achieved standard for the journal, whilst striving to continue improving the journal's status and impact factor. We want to encourage submissions of research papers, literature reviews, case studies and quality initiative papers by both established and budding authors. In an effort to facilitate submissions by new authors, in collaboration to Wiley, we are launching a Free Format Submission system which relaxes some of the strict formatting rules until a paper is accepted, thus allowing authors to focus on content and quality. We will increase the online and social media presence of the journal. A new Twitter handle, @NiCCJournal, has been set up to promote the journal and its authors, disseminate its content and engage the readership in "networked scholarship" [16]. We are striving to expand the number of reviewers in our pool and to review our editorial advisory board membership, with a view to recruiting new and upcoming researchers as well as maintaining the expertise and experience of our existing team. We would also like to have more themed issues, with the plans for upcoming issues focussing on end of life care and organ donation; a paediatric issue; the critically ill patient's experience; stress, burnout and resilience in critical care staff; and early mobilisation of critically ill patients.

We would like to conclude by expressing our gratitude to the BACCN and Wiley for trusting us in this role and for constantly supporting and promoting the journal. Thanks to the Editorial Advisory Board members, our colleagues at the editorial and production offices and our peer reviewers for their diligent and occasionally thankless work; without their efforts, the journal would not exist. Special thanks are also due to Dr Wendy Walker for her hard work and excellent input as editorial intern, associate editor and special issue guest editor; her camaraderie made journal work more pleasant. Finally, our deepest gratitude to the outgoing editors, Professor John Albarran and Professor Julie Scholes, for impeccably leading this journal for so many years. Under their editorship, the journal grew from strength to strength, locally and internationally, in terms of reputation, diversity and impact. On a personal level, we would like to thank them for their mentorship, collegiality and friendship. On behalf of all the readers: thank you, John and Jools.

REFERENCES

1. World Health organisation (WHO): https://www.who.int/hrh/news/2019/2020year-of-nurses/en/ [accessed November 19 2019]
2. Hickey P, Pasquali S, Gaynor J et al Critical Care Nursing's Impact on Pediatric Patient Outcomes. Ann Thorac Surg 2016;. 2016 Oct;102(4):1375-80. doi: 10.1016/j.athoracsur.2016.03.019. Epub 2016 May 10.

3. Kelly D, Kutney-Lee A, McHugh D et al. Impact of Critical Care Nursing on 30-Day Mortality of Mechanically Ventilated Older Adults. Crit care Med 2014: 42(5): 1089–1095. doi:10.1097/CCM.0000000000000127
4. Lee A, Cheung Y, Joynt G et al. Are high nurse workload/staffing ratios associated with decreased survival in critically ill patients? A cohort study. Ann Intensive Care 2017; 7;46: DOI 10.1186/s13613-017-0269-2
5. Bates L. Developing the nursing associate role in a critical care unit. Nursing Times 2019 [online]; 115: 10, 21-24.
6. Cunningham L, Kennedy J, Nwolisa F, Callard L,Wike C. Patients Not Paperwork – Bureaucracy affecting nurses in the NHS 2012. NHS Institute for Improvement and Innovation Report.
7. Colville G, Dawson D,Rabinthiran S, Chaudry-Daley Z, Perkins-Porras L. A survey of moral distress in staff working in intensive care in the UK. J of Intensive Care Society2019; Vol. 20(3) 196–203
8. Jones G, Colville G, Ramnarayan P et al. Psychological impact of working in paediatric intensive care. A UK-wide prevalence study. Archives Dis in Childhood 2019. http://dx.doi.org/10.1136/archdischild-2019-317439
9. Tume L, Knebyer M, Blackwood B, Rose L. Ventilation practices and decision-making in European PICUs. Ped Crit Care Med 2017; DOI: 10.1097/PCC.0000000000001100
10. BACCN Standards for Nurse Staffing in Critical Care. 2009. https://www.baccn.org/static/uploads/resources/BACCN_Staffing_Standards.pdf [accessed December 2019].
11. Scruth E. Nurse-patient staffing relationships in the ICU: more than just numbers. Critical Care Medicine: October 2018 - Volume 46 - Issue 10 - p 1681-1682doi: 10.1097/CCM.0000000000003327
12. European Commission Final Report: Nurse Forecasting: Human Resources Planning in Nursing 2017 https://cordis.europa.eu/project/rcn/91239/reporting/en [accessed 28 November 2019]
13. Keogh B. Review into the quality of care and treatment provided by 14 hospital trusts in England: Overview Report. London, UK: NHS England; 2013.
14. Francis R. Report of the Mid Staffordshire NHS Foundation Trust public inquiry. London, UK: The Stationery Office; 2013.
15. Alingh CW, van Wijngaarden J, Van De Voorde K Huijsman R. Speaking up about patient safety concerns: The influence of safety management approaches and climate on nurses' willingness to speak up. *BMJ Qual Safety*. 2018; 28(1): 1-10. DOI: 10.1136/bmjqs-2017-007163
16. Stewart B. Open to influence: what counts as academic influence in scholarly networked Twitter participation. *Learning, Media and Technology*. 2015; **40**: 287-309. doi.org/10.1080/17439884.2015.1015547